

6. Roberts JC Jr: Some Recent Developments in Comparative Medicine, *In* Zoological Society of London—17th Symposium. Orlando, Fla, Academic Press, 1966, p 423

Physicians and the Death Penalty

TO THE EDITOR: In her article on "Physicians and the Death Penalty,"¹ Dr Thorburn raises issues that should not be ignored by any physician. Her assertions regarding the role of medical examiners deserve comment. In the most extreme position detailed in her article, Dr Thorburn implies that *any* involvement by physicians in *any* phase of a case leading to execution is unethical. This would mean that medical examiners should not examine homicide victims because of the potential for a death sentence. As medical examiners it is our responsibility to document injuries and present our findings in an honest and unbiased manner. In this we act as the advocate of the murder victim, not as an agent of the court. Our testimony can exonerate an innocent suspect as well as implicate the guilty. If we were to stop examining homicide victims there is the potential that our lack of involvement could lead to the death of an innocent person, a much more untenable ethical position.

In the case of medical examiner involvement after an execution we once again must act as the advocate of the deceased person. It is our duty to assure that the executed person has no injuries other than those which were legally sanctioned. Without our involvement there can be a question in the minds of the deceased's relatives as well as society as a whole as to whether the ultimate and irreversible sanction has been fairly and justly administered. It is our belief that to ban all participation of physicians in death sentence cases would raise greater ethical issues than it resolves.

TODD C. GREY, MD
Assistant Medical Examiner
E. S. SWEENEY, MD
Medical Examiner
Office of the Medical Examiner
State of Utah
44 Medical Dr, Box 8739
Salt Lake City, UT 84108

REFERENCE

1. Thorburn KM: Physicians and the death penalty. *West J Med* 1987 May; 146:638-640

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TO THE EDITOR: Dr Thorburn's "Informed Opinion" in the May issue of the journal¹ seems both informed and, quite clearly, an opinion. Her material is carefully arranged and very well documented, but the conclusion suffers from the incongruity that is unavoidable when attempts are made to apply pure idealism to an imperfect society. It is neither possible nor ethically defensible to declare that physicians must refuse to be involved in the insoluble problem of capital punishment. If more than 70% of the US citizenry views the death penalty as necessary for societal protection, it will certainly see to it that "dangerous" persons are executed, whether or not physicians choose to participate.

It is quite clear that society is not capable of controlling the small percentage of its members who are bent on destroying others. Because methods of incarceration are fallible and because it is quite clear that sociopathic personalities cannot be rehabilitated, execution looms as the logical, if unpleasant, societal recourse. It is specious to argue that it should not be done because it offends our sensibility or is often done imperfectly. Let those who argue so skillfully and emotionally that

the death penalty is improper suggest a practical and reliable alternative to the control of persons like Ted Bundy, who have the form of humanity without a shred of human sensitivity, who are frighteningly skillful at escape and manipulation of the legal system and who have no allegiance whatsoever to the Universal Declaration of Human Rights.

Our recognition of rights and the commonality of basic human values constitute excellent guidelines for solving the majority of society's problems. But there are no rules that are applicable in every situation, and Dr Thorburn's proposal that it is unethical and indefensible for any physician to "participate in any act connected to and necessary for the administration of capital punishment" will create more problems than it will solve in our real world, where the issues present themselves in shades of gray. No amount of wishful thinking and idealistic pronouncement will convert them to black and white.

DAVID L. WISHART, MD
Radiation Therapy Unit
Yakima Valley Memorial Hospital
2811 Tieton Dr
Yakima, WA 98902

REFERENCE

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Opposing Views on Deaths From Firearms

TO THE EDITOR: The March issue of the journal contains, under the heading "Special Article," an article with the strange title of "The Epidemiology of Firearm Deaths Among Residents of California."¹ This article not only lacks any scientific premise, but contains some gross errors of fact. Firearms deaths no more have an "epidemiology" than baseball bat or butcher knife deaths. This article is clearly an undisguised antifirearms propaganda piece having no place in a putative scientific journal. In the first paragraph the authors refer to "more than 30,000 Americans" alleged to die as the result of gunfire. The last figures I have seen, derived from the 1985 FBI annual report, indicates less than 20,000 firearms deaths, and it is imperative that this be understood to include all categories of firearms deaths including suicide and accidents. I am giving these numbers strictly "off the cuff" without available reference sources here in my office, but I am generally quite familiar with the numbers concerned here. My figures are approximations from memory. The under 20,000 figure above is correct as stated. As I recall, about 8,000 of these are suicide. Suicide is a psychiatric and psychological problem, not a matter of methodology. Reference to firearm suicide is clearly a non sequitur, and I would only point out in passing that Japan, which virtually prohibits private ownership of firearms, has a far higher suicide rate than the United States, where in most localities firearms can be obtained with little difficulty and complicated impedances in others, which do not seem to affect suicide rates.

As I recall, some 3,000 or so firearms deaths are accidents. Accidents mostly happen as a result of ignorance or carelessness, whether we are talking about automobiles, lawn mowers, chain saws or firearms. It may be worth mentioning that there has never been a fatal accident to my knowledge on a firearms range operated by a rifle or pistol club affiliated with the National Rifle Association, clearly indicating that proper training and proper use is the answer here. It is also pertinent that the last fatality figures I have seen by the Na-